

**WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILD SUPPORT ENFORCEMENT**

IN ORDER FOR THE BUREAU FOR CHILD SUPPORT ENFORCEMENT (BCSE)
TO PROVIDE YOU WITH THE BEST POSSIBLE SERVICE, IT IS VITAL THAT
ALL KNOWN INFORMATION REQUESTED ON THIS DOCUMENT BE COMPLETED.

**APPLICATION FOR SERVICES FROM
THE BUREAU FOR CHILD SUPPORT ENFORCEMENT**

IF YOU ARE NOT PRESENTLY RECEIVING WEST VIRGINIA WORKS OR MEDICAL CARD,
PLEASE CHECK THE BOX BESIDE THE SERVICE FOR WHICH YOU ARE APPLYING:

- ☐ Full services of the Bureau for Child Support Enforcement, which may include, but are not limited to, location of the Obligor, establishment and enforcement of support orders, establishment of paternity, collection and distribution of support payments, enforcement of support orders by income withholding, Federal and State Tax offsets, unemployment compensation intercept, workers' compensation intercept, and interstate services as appropriate.
- ☐ Collection and Distribution Services only.
- ☐ Income Withholding Services only.

FOR THE PURPOSE OF THIS APPLICATION, THE FOLLOWING TERMS APPLY:

OBLIGEE: Person with whom the child primarily resides.

OBLIGOR: May be the father, assumed father or mother of the child.

WHAT TO BRING TO INTERVIEW

Please bring the following items with you to the interview:

- * The completed application.
- * All court orders for support (divorce decree and/or support order, magistrate order, judgment order, garnishment order, etc.).
- * Child(ren)'s birth certificates and Social Security card(s).
- * Any documents containing identifying information for the Obligor (W-2's, IRS filing forms (1040), military records, etc.).
- * Records of support payments (court records, records you may have kept, bank deposits of support amounts, copies of receipts, any other records or verifications of the Obligor's payment of support).
- * Verification of any private medical insurance.

PLEASE ALLOW APPROXIMATELY ONE (1) HOUR FOR YOUR OFFICE INTERVIEW



If you need to reschedule your appointment, please call.

YOUR RIGHTS AND RESPONSIBILITIES

A. All Applicants

1. It is my responsibility to provide accurate up-to-date information regarding the other people involved in this case and respond to any request made by the Bureau for Child Support Enforcement (BCSE).
2. It is my responsibility to update the BCSE when there is a change in my address, telephone number or e-mail address.
3. Any information I provide or fail to provide may affect the present actions and future outcome of my case.
4. Any information I provide to the BCSE will be considered confidential. However, it may be required to be disclosed under certain circumstances to other persons, the court or other agencies.
5. I agree to cooperate with the BCSE in their efforts in establishing and enforcing paternity, child support, and medical insurance obligations, and in collecting child and spousal support, which may require appearing as a witness in court or other proceedings initiated by the BCSE against the obligor.
6. I am free to pursue enforcement actions through private counsel; however, I must advise the BCSE if I do this.
7. I am obligated to redirect **all** child and spousal support payments received directly by me to the Bureau for Child Support Enforcement at P.O. Box 247, Charleston, WV 25321.
8. I must repay **all** child and spousal support monies I have retained in violation of the assignment of support rights or monies that I received in error.
9. I have the right to inspect certain information in my file that is not protected by law and/or policy and to appeal any action taken by the BCSE through the Department of Health and Human Resources (DHHR) Fair Hearing process.
10. Pursuant to the Privacy Act [5 U.S.C. 522a], the Bureau for Child Support Enforcement (BCSE) is required to inform you of the following: (a) that the request for your social security number is a mandatory requirement pursuant to the Social Security Act [42 U.S.C. 466(a)(13)]; and (b) the BCSE will use this information only in connection with the State's child support enforcement program for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

B. Applicants/Recipients of Public Assistance or Medical Assistance

1. When I apply for public assistance, I understand that I automatically assign my rights to child and spousal support to the DHHR. This means that any and all child and spousal support monies collected, up to the amount of the public assistance I receive, will be retained by the State to reimburse the public assistance paid. I may ask the public assistance or child support worker to explain how this works.
2. I am required to cooperate with the BCSE in establishing paternity, and establishing and collecting child support and medical support for any child, and in collecting spousal support when I am approved for public assistance.

3. I have the right at any time to request to claim good cause for not cooperating with the BCSE. I may ask the DHHR or child support worker to explain this to me.
4. Failure to cooperate with BCSE by not responding to appointment letters, redirecting ALL child/spousal support payments, not attending court hearings, or willfully withholding any information relating to this case may be considered a refusal to cooperate. If this determination is made, there may be penalties such as a reduction in public assistance checks and removal from the medical card.
5. I have the right to appeal any action or decision taken by the Department of Health and Human Resources (through the DHHR Fair Hearing process) regarding the obligation to accept the services of and to cooperate with the BCSE.

C. Information About Federal and State Tax Offset Collections

1. Federal offsets, including Federal Tax intercept, passport denial, and Administrative offset, and the State tax Offset are very effective methods for collecting past-due child support and, in some cases, spousal support, by intercepting the obligor's Federal and/or State Tax refund, by intercepting other Federal money that may be due the obligor, or by denial of the obligor's passport by the U.S. Department of State.
2. To be eligible for referral to the Federal Offset programs and State Tax Offsets, I understand that I must receive full services from the BCSE.
3. If it is deemed appropriate by the BCSE, my case will automatically be referred by State and Federal Tax Offset. I understand that my case must meet certain eligibility requirements to be eligible for referral to tax and other offsets.
4. There must be a valid court order for support.
5. If the order for support was not entered in this State, a copy of the out-of-state order, any modifications and, where possible, a copy of the support payment record is required.
6. The Obligor must have a child support arrearage of at least \$500.00 to be referred to the IRS for tax offset and at least a \$100.00 arrearage to be referred for State Tax offset. (If money is received, the source of payment may not be released to me due to confidentiality restrictions.)
7. The Obligor's Social Security Number and address must have been verified.
8. An affidavit must be signed by me attesting to the amount of past-due support owed to me.
9. There is no guarantee that monies will be collected.
10. If monies are intercepted from the IRS or State Tax Offsets and I am receiving West Virginia Works, the monies may first be paid to the DHHR to satisfy the assigned support/arrears. If any monies remain after satisfying the assigned support/arrears and monies are owed to me, these monies will be sent to me by the BCSE as long as the arrearage owed to me was also submitted for intercept.
11. If monies are intercepted from the IRS or State Tax Offsets and I no longer receive West Virginia Works, the monies will first be paid to me before satisfying the assigned support/arrears.

12. I understand that I am personally liable for the repayment of any amounts received by me in error or which must be returned to the State Department of Revenue or to the IRS due to the filing of any amended return or injured spouse claim by the Obligor's spouse in a State or Federal Tax offset intercept.
13. If the Obligor's tax refund is intercepted, I understand that the BCSE has the authority to hold the refund (if it involves a joint return) for six (6) months before sending the collection to me.

**The BCSE Attorney represents the interests of the State of West Virginia.
There is no attorney-client relationship between the BCSE Attorney and me.**

- I certify that all statements on this form have been read by me or to me and that I understand these statements.
- I accept these responsibilities.
- I certify that all information I have provided is true and accurate to the best of my knowledge.

Your Signature _____ Date _____

PAYMENT OPTIONS:

The Bureau for Child Support Enforcement no longer issues paper checks for support payments. Therefore, you must select one of the options below for receiving support payments by placing an "X" in one of the boxes. If you do not select an option, you will automatically be issued a debit card.

- ☐ Direct Deposit – Direct deposit authorizes the BCSE to electronically deposit your support payments directly into your account. If you choose this option, please complete the Direct Deposit Authorization Form on the last page of the Application.
- ☐ Debit Card – When support payments are received, the payments will be loaded onto the debit card. See the Debit Card brochure for program details.

AUTHORIZATION TO CONTACT BY E-MAIL:

- ☐ I hereby authorize the Bureau for Child Support Enforcement to contact me or respond to verbal or written inquiries by using the e-mail address I have provided below until revoked by me in writing. I understand and assume the risk that communications by e-mail may be intercepted through no fault of the Bureau for Child Support Enforcement.
E-mail address: _____

Signature: _____ Date: _____

OBLIGEE: Person with whom the child primarily resides.

OBLIGOR: This person may be the father, assumed father or mother of the child.

Obligee Soc Sec No.: _____ - _____ - _____

Obligee Name: _____
Last First Middle Jr/Sr/etc

Obligee Date of Birth: Month _____ Day _____ Year _____

Sex: Male: ☐ Female: ☐

Obligor Parent Soc Sec No.: _____ - _____ - _____

Obligor Parent Name: _____
Last First Middle Jr/Sr/etc

Obligor Parent Date of Birth: Month _____ Day _____ Year _____

Sex: Male: ☐ Female: ☐

OBLIGEE INFORMATION (CTDT)

Birthplace City: _____ State: _____

County: _____ Country: _____

Maiden Name: _____ Alias Names: _____

Present Marital Status: ☐ Married ☐ Separated ☐ Divorced
☐ Never Married ☐ Widow(er)

Minor Mother: ☐ Yes ☐ No If yes, Alternate Payee Name: _____

Obligee's Relationship to Obligor: _____

OBLIGEE'S MAILING ADDRESS (CTAD)

Street/Box: _____

City: _____ State: _____ Zip: _____

Country: _____ As of Date: _____ / _____ / _____

E-mail address: _____

OBLIGEE'S RESIDENCE ADDRESS IF DIFFERENT FROM MAILING ADDRESS

Street/Box: _____

City: _____ State: _____ Zip: _____

Country: _____

Directions to home (may be necessary to serve any legal documents): _____

OBLIGEE'S TELEPHONE NUMBER(S)

Home Phone Number: (____) _____ Note: _____

Other Phone Number: (____) _____ Ext. _____

Cell Phone Number: (____) _____

OBLIGEE'S EMPLOYMENT INFORMATION (CTEM)

Employment Status: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Self Employed ☐ Unemployed

Employment Status Effective Date: ____ / ____ / ____

Does Your Employer Provide Health Insurance? ☐ Yes ☐ No

Employer Name: _____

Employer Doing Business As: _____

Employer Address Street/Box: _____

City: _____ State: _____ Zip: _____

Employer's Phone Number: (____) _____ Ext. _____

Occupation: _____ Note: _____

If there is more than one employer, please note: _____

MARITAL DATA (MARI)
(For this Obligee and Obligor)

	Date	City/State	Civil Action No.
Married	/ /		
Separated	/ /		
Divorced	/ /		

Please list all other marriage dates, separation date, divorce date, counties where divorce occurred and names of ex-spouses of Mother.

Ex-Husband's Name: _____

	Date	City/State	Civil Action No.
Married	____/____/____	_____	_____
Separated	____/____/____	_____	_____
Divorced	____/____/____	_____	_____

Ex-Husband's Name: _____

	Date	City/State	Civil Action No.
Married	____/____/____	_____	_____
Separated	____/____/____	_____	_____
Divorced	____/____/____	_____	_____

Ex-Husband's Name: _____

	Date	City/State	Civil Action No.
Married	/ /		
Separated	/ /		
Divorced	/ /		

CHILD INFORMATION (CHLD)

LIST ONLY THE CHILD(REN) OF THE OBLIGOR NAMED IN THIS APPLICATION– IF NOT ENOUGH PAGES ARE PROVIDED, PLEASE ADD TO NOTES ON BOTTOM OF PAGE.

Name: _____
LAST FIRST MIDDLE JR/SR/ETC

Social Security No.: _____ - _____ Sex: ☐ Male ☐ Female
Date of Birth: Month _____ Day _____ Year _____
Birthplace City: _____ County: _____ State: _____
Country (If other than the U.S.) _____

Was the child conceived in the State of West Virginia? ☐ Yes ☐ No
If no, list the name of the state where the child was conceived: _____
If the child is deceased, list the Date of Death: Month _____ Day _____ Year _____
Verification of Death: _____

Does this Child Receive SSI? ☐ Yes ☐ No
Does this Child Receive dependent disability benefits from SSA based on a parent's disability? ☐ Yes ☐ No
If yes, list parent's name and child's monthly received: _____
What is your relationship to this child? _____
What is the obligor's relationship to this child? _____

Was the mother married to anyone when the child was conceived? ☐ Yes ☐ No
If yes, husband's name: _____
Was the mother married to anyone at any time during the pregnancy? ☐ Yes ☐ No
If yes, husband's name: _____
Was the mother married to anyone when the child was born? ☐ Yes ☐ No
If yes, husband's name: _____

Does the obligor's name appear on the birth certificate? ☐ Yes ☐ No
Has paternity been established? ☐ Yes ☐ No
If so, which of the following methods of establishment were used?
(1) Child conceived/born of the marriage? ☐ Yes ☐ No
(2) Paternity affidavit? ☐ Yes ☐ No If yes, when? Month _____ Day _____ Year _____
Where? _____
(3) Through the Court? ☐ Yes ☐ No If so, what is the Court's location? _____
Civil Action No.: _____ Month _____ Day _____ Year _____

Is the Obligor court ordered to provide medical insurance for this child? ☐ Yes ☐ No
Does this child presently live with you? ☐ Yes ☐ No
Is this child a minor mother? ☐ Yes ☐ No

IF THIS CHILD HAS NOT ALWAYS RESIDED WITH YOU, PLEASE PROVIDE INFORMATION INCLUDING DATES OUT OF THE HOME, CIRCUMSTANCES, AND WITH WHOM THEY RESIDED. (PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION.)

NOTES:

CHILD INFORMATION (CHLD)

LIST ONLY THE CHILD(REN) OF THE OBLIGOR NAMED IN THIS APPLICATION– IF NOT ENOUGH PAGES ARE PROVIDED, PLEASE ADD TO NOTES ON BOTTOM OF PAGE.

Name: _____
LAST FIRST MIDDLE JR/SR/ETC

Social Security No.: _____ - _____ Sex: ☐ Male ☐ Female
Date of Birth: Month _____ Day _____ Year _____
Birthplace City: _____ County: _____ State: _____
Country (If other than the U.S.) _____

Was the child conceived in the State of West Virginia? ☐ Yes ☐ No
If no, list the name of the state where the child was conceived: _____
If the child is deceased, list the Date of Death: Month _____ Day _____ Year _____
Verification of Death: _____

Does this Child Receive SSI? ☐ Yes ☐ No
Does this Child Receive dependent disability benefits from
SSA based on a parent's disability? ☐ Yes ☐ No
If yes, list parent's name and child's monthly received: _____
What is your relationship to this child? _____
What is the obligor's relationship to this child? _____

Was the mother married to anyone when the child was conceived? ☐ Yes ☐ No
If yes, husband's name: _____
Was the mother married to anyone at any time during the pregnancy? ☐ Yes ☐ No
If yes, husband's name: _____
Was the mother married to anyone when the child was born? ☐ Yes ☐ No
If yes, husband's name: _____

Does the obligor's name appear on the birth certificate? ☐ Yes ☐ No
Has paternity been established? ☐ Yes ☐ No
If so, which of the following methods of establishment were used?
(1) Child conceived/born of the marriage? ☐ Yes ☐ No
(2) Paternity affidavit? ☐ Yes ☐ No If yes, when? Month _____ Day _____ Year _____
Where? _____
(3) Through the Court? ☐ Yes ☐ No If so, what is the Court's location? _____
Civil Action No.: _____ Month _____ Day _____ Year _____

Is the Obligor court ordered to provide medical insurance for this child? ☐ Yes ☐ No
Does this child presently live with you? ☐ Yes ☐ No
Is this child a minor mother? ☐ Yes ☐ No

IF THIS CHILD HAS NOT ALWAYS RESIDED WITH YOU, PLEASE PROVIDE INFORMATION INCLUDING DATES OUT OF THE HOME, CIRCUMSTANCES, AND WITH WHOM THEY RESIDED. (PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION.)

NOTES:

CHILD INFORMATION (CHLD)

LIST ONLY THE CHILD(REN) OF THE OBLIGOR NAMED IN THIS APPLICATION– IF NOT ENOUGH PAGES ARE PROVIDED, PLEASE ADD TO NOTES ON BOTTOM OF PAGE.

Name: _____
LAST FIRST MIDDLE JR/SR/ETC

Social Security No.: _____ - _____ Sex: ☐ Male ☐ Female
Date of Birth: Month _____ Day _____ Year _____
Birthplace City: _____ County: _____ State: _____
Country (If other than the U.S.) _____

Was the child conceived in the State of West Virginia? ☐ Yes ☐ No
If no, list the name of the state where the child was conceived: _____
If the child is deceased, list the Date of Death: Month _____ Day _____ Year _____
Verification of Death: _____

Does this Child Receive SSI? ☐ Yes ☐ No
Does this Child Receive dependent disability benefits from SSA based on a parent's disability? ☐ Yes ☐ No
If yes, list parent's name and child's monthly received: _____
What is your relationship to this child? _____
What is the obligor's relationship to this child? _____

Was the mother married to anyone when the child was conceived? ☐ Yes ☐ No
If yes, husband's name: _____
Was the mother married to anyone at any time during the pregnancy? ☐ Yes ☐ No
If yes, husband's name: _____
Was the mother married to anyone when the child was born? ☐ Yes ☐ No
If yes, husband's name: _____

Does the obligor's name appear on the birth certificate? ☐ Yes ☐ No
Has paternity been established? ☐ Yes ☐ No
If so, which of the following methods of establishment were used?
(1) Child conceived/born of the marriage? ☐ Yes ☐ No
(2) Paternity affidavit? ☐ Yes ☐ No If yes, when? Month _____ Day _____ Year _____
Where? _____
(3) Through the Court? ☐ Yes ☐ No If so, what is the Court's location? _____
Civil Action No.: _____ Month _____ Day _____ Year _____

Is the Obligor court ordered to provide medical insurance for this child? ☐ Yes ☐ No
Does this child presently live with you? ☐ Yes ☐ No
Is this child a minor mother? ☐ Yes ☐ No

IF THIS CHILD HAS NOT ALWAYS RESIDED WITH YOU, PLEASE PROVIDE INFORMATION INCLUDING DATES OUT OF THE HOME, CIRCUMSTANCES, AND WITH WHOM THEY RESIDED. (PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION.)

NOTES:

FAMILY VIOLENCE RECORD (FVRE)

Affidavit

I swear or affirm, under penalty of false swearing, to the following:

My name is: _____

I wish to have the information in this Bureau for Child Support Enforcement case file protected because of domestic violence committed against me or my child(ren) by the obligor.

I or my child(ren) have been subject to the following (check all that apply):

- _____ A ***court has made a finding*** that I or my child(ren) have been victims of domestic or family violence or abuse
- _____ Pushing, shoving, or slapping
- _____ Punching or kicking
- _____ Choke holds or strangling
- _____ Other bodily harm resulting in physical injury
- _____ Threats of bodily harm or death
- _____ Threats with a gun, knife, or other weapon
- _____ Destruction of property
- _____ Sexual assault
- _____ Denied access to telephones, financial resources, or employment

I understand that the BCSE will protect the information in this case in accordance with State and Federal laws. However, the law does allow a court to order the BCSE to release information if the court determines there is no danger to me or my child(ren).

Your Signature: _____ Date: _____

STATE OF _____
COUNTY OF _____, to wit:

Subscribed and sworn before me this _____ day of _____, _____

My commission expires: _____

Notary Public

OBLIGOR INFORMATION (APDT)

(THIS INFORMATION IS USED FOR IDENTIFICATION PURPOSES)

Does the Obligor have more than one social security number? ☐ Yes ☐ No

Maiden Name: _____ Alias: _____

Birthplace City: _____ State: _____

County: _____ Country: _____

Language: _____ Ethnic Group: _____

U.S. Citizen: ☐ Yes ☐ No Education: _____ (0-20)

Date of Death: _____ / _____ / _____ Verification of Death: _____

Weight: _____ Height: _____ Eyes: _____ Hair: _____

Present Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widow(er)

Physical Markings: _____

Spouse: _____

Person's Name with whom Obligor is living? _____

Military – Branch Please select from the following:

☐ Army ☐ Army National Guard ☐ Army Reserves ☐ Navy ☐ Navy Reserves
☐ Air Force ☐ Air Force Reserves ☐ Air National Guard Reserves ☐ Coast Guard
☐ Coast Guard Reserves ☐ Marines ☐ Marine Reserves

Status: ☐ Active ☐ Retired ☐ Disabled ☐ Discharged ☐ Unknown

Start: _____ / _____ / _____ Discharged: _____ / _____ / _____

Driver's License State: _____ License Number: _____

Jail/Prison Location: _____

Date In: _____ / _____ / _____ Date Out: _____ / _____ / _____

Does this Obligor currently receive Public assistance? ☐ Yes ☐ No

If yes, what kind of services? ☐ TANF ☐ Food Stamps ☐ Medicaid

Notes:

OBLIGOR'S MAILING ADDRESS (APAD)

Street/Box: _____

City: _____ State: _____ Zip: _____

Country: _____ As of Date: _____ / _____ / _____

E-mail Address: _____

OBLIGOR'S RESIDENCE ADDRESS IF DIFFERENT FROM MAILING ADDRESS

Street/Box: _____

City: _____ State: _____ Zip: _____

Country: _____

Directions to home (may be necessary to serve any legal documents): _____

OBLIGOR'S TELEPHONE NUMBER(S)

Home Phone Number: (____) _____ Note: _____

Other Phone Number: (____) _____ Ext. _____

Cell Phone Number: (____) _____

EXISTING COURT ORDER (CIVL & OBLG)
(Please enter information from your existing court order)

PLEASE PROVIDE COPIES OF ALL ORDERS

Docket/Civil Action No.: _____ State: _____ County: _____

Parties' names on Court Order: _____

Date Order was entered: Month _____ Day _____ Year _____

Is there a current order for Child Support? ☐ Yes ☐ No

Is the court ordered child support to be paid to you? ☐ Yes ☐ No

If no, to whom? _____

When was the last support payment received? _____ Amount: _____

Is the Obligor court ordered to provide health insurance? ☐ Yes ☐ No

Is the Obligee court ordered to provide health insurance? ☐ Yes ☐ No

Is there a current court order for alimony or spousal support? ☐ Yes ☐ No

IF MORE THAN ONE COURT ORDER, PLEASE NOTE:

OBLIGOR'S CURRENT EMPLOYER (APEM)

Primary Employer: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Self Employed ☐ Unemployed

Employment Status Effective Date: _____ / _____ / _____

Does the Obligor's Employer Provide Health Insurance? ☐ Yes ☐ No ☐ Unknown

If yes, name of Insurance Company: _____

Employer Name: _____

Employer Doing Business As: _____

Employer Address Street/Box: _____

City: _____ State: _____ Zip: _____

Employer's Phone Number: (____) _____ Ext. _____

Occupation: _____ Note: _____

MEDICAL INSURANCE FOR THE CHILDREN (INSU)

Current Policy Holder Name: _____

Health Insurance Provider: _____

Address of Insurance Company: _____

Type of Insurance: ☐ Hospitalization ☐ Major Medical ☐ Dental ☐ Vision
 ☐ Hospital, Major Medical and Dental
 ☐ Hospital, Major Medical, Dental and Vision
 ☐ Unknown ☐ Other Coverage

Primary Policy: ☐ Yes ☐ No

Policy Number: _____ Group Number: _____

Begin Date: _____ / _____ / _____ End Date: _____ / _____ / _____

COVERAGE STATUS OF OTHER CASE MEMBERS

Name: _____

Case Member's Relationship to Policyholder: _____

Individual Policy No.: _____ Covered ☐ Yes ☐ No

Name: _____

Case Member's Relationship to Policyholder: _____

Individual Policy No.: _____ Covered ☐ Yes ☐ No

Name: _____

Case Member's Relationship to Policyholder: _____

Individual Policy No.: _____ Covered ☐ Yes ☐ No

OBLIGOR'S SOURCES OF INCOME (SINC)

☐ Social Security ☐ SSI ☐ Unemployment ☐ Veterans Benefits ☐ Rental
☐ Business ☐ Other (Please list others or provide more information)

OBLIGOR'S ASSETS (ASET)

☐ Checking/Savings Account ☐ Car ☐ Truck ☐ House ☐ Land
☐ Rental Property ☐ Business Equipment ☐ Valuables ☐ Other (Please list others or provide more information)

CURRENT LICENSES HELD BY OBLIGOR (APLC)

☐ Business ☐ Contractors ☐ CDL/Professional/Drivers ☐ Hunting/Fishing
☐ Others (Please list others or provide more information)

GRANDPARENTS OF THE CHILD(REN) (GRAN)

Obligor's Mother

Name: _____
Last First Middle

Maiden Name: _____ Deceased: ☐ Yes ☐ No

Address: _____
Street/PO Box City State Zip Code

Country: _____ Phone Number: () _____

Obligor's Father

Name: _____
Last First Middle

Alias: _____ Deceased: ☐ Yes ☐ No

Address: _____
Street/PO Box City State Zip Code

Country: _____ Phone Number: () _____

Obligee's Mother

Name: _____
Last First Middle

Maiden Name: _____ Deceased: ☐ Yes ☐ No

Address: _____
Street/PO Box City State Zip Code

Country: _____ Phone Number: () _____

Obligee's Father

Name: _____
Last First Middle

Alias: _____ Deceased: ☐ Yes ☐ No

Address: _____
Street/PO Box City State Zip Code

Country: _____ Phone Number: () _____

ATTORNEY INFORMATION (ATTY)

Obligor's Attorney (If Known)

Attorney Name: _____

Attorney's Firm: _____

Address: _____
Street/PO Box City State Zip Code

Telephone Number: () _____ Ext: _____

Obligee's Attorney (If Known)

Attorney Name: _____

Attorney's Firm: _____

Address: _____
Street/PO Box City State Zip Code

Telephone Number: () _____ Ext: _____

If you answer "yes" to any of the following questions, please provide a detailed explanation and complete the additional sections as instructed:

Has the child(ren) on this application lived outside the obligee's home? ☐ Yes ☐ No

Has there ever been a domestic violence situation between the parties listed on this application?
☐ Yes ☐ No

Has any other Child Support Agency been involved with the parties of this application?
☐ Yes ☐ No (If yes, please include name and address of agency below)

Have you ever received support payments directly from the obligor? ☐ Yes ☐ No

I HAVE BEEN INFORMED BY THE BUREAU FOR CHILD SUPPORT ENFORCEMENT, AND I UNDERSTAND THE FOLLOWING:

The Bureau for Child Support Enforcement takes no position and is not involved in litigation of the issues of custody, parenting plans, or visitation.

On the day of my hearing, an attorney from the Bureau for Child Support Enforcement will be in attendance. That attorney represents only the State of West Virginia and does **not** represent me or my child(ren) or any other entity. This is true for the entirety of my case.

I understand that I may retain my own attorney to represent my personal interest at the hearing or in any portion of this case.

If I choose **not** to retain my own attorney, the Court will recognize that **I AM REPRESENTING MYSELF AND ACTING AS MY OWN ATTORNEY.**

I certify that I have read or have had read to me the above statements and that I understand these statements.

Signature

Date

AFFIDAVIT OF DIRECT PAYMENTS

Only list the actual amount of payments received directly from the obligor.

____ YEAR		____ YEAR		____ YEAR	
MONTH	AMT PAID	MONTH	AMT PAID	MONTH	AMT PAID
JANUARY		JANUARY		JANUARY	
FEBRUARY		FEBRUARY		FEBRUARY	
MARCH		MARCH		MARCH	
APRIL		APRIL		APRIL	
MAY		MAY		MAY	
JUNE		JUNE		JUNE	
JULY		JULY		JULY	
AUGUST		AUGUST		AUGUST	
SEPTEMBER		SEPTEMBER		SEPTEMBER	
OCTOBER		OCTOBER		OCTOBER	
NOVEMBER		NOVEMBER		NOVEMBER	
DECEMBER		DECEMBER		DECEMBER	

I do hereby swear and affirm that to the best of my knowledge the above record is an accurate and true account of payments received directly from _____ for payment of support.

Interest on any unpaid child support will be calculated by the BCSE.

Date

Obligee Signature

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILD SUPPORT ENFORCEMENT

DIRECT DEPOSIT INFORMATION AND AUTHORIZATION FORM

What is direct deposit?

Direct deposit, also known as electronic funds transfer, authorizes the Bureau for Child Support Enforcement (BCSE) to electronically deposit your support payments directly into your account.

Why should I sign up for Direct Deposit?

When your support payment is deposited directly into your account, you get your money faster because mailing is eliminated. You do not need to make extra trips to the bank or wait in long lines. Most importantly, your check cannot be lost or stolen.

How does it work?

When a payment is posted to your support case, BCSE electronically tells your bank to credit your account. In most instances, the payment will be received within 48 hours after BCSE applies the payment to your case.

How do I sign up for Direct Deposit?

Fill out the Authorization Form, attach a voided check or savings withdrawal/deposit form from your account and mail to

WV BCSE

Central Financial Unit

350 Capitol Street, Room 147

Charleston WV 25301

When will my Direct Deposit start?

Usually within 20 days after we receive your authorization form. BCSE will notify you when direct deposit starts.

How do I stop Direct Deposit?

You must notify us in writing. Send a letter at the address listed or you can fax a letter to 304-558-1503. Please be sure to include your social security number.

What if I change or close my bank account?

You must complete a new authorization form each time you change your banking information. If you want to close your bank account, you should first stop Direct Deposit to avoid delays in receiving your payment.

How do I know when I've received a Direct Deposit payment?

To learn if a payment has been credited to your bank account, you may contact your bank; call the BCSE automated voice response toll-free 24 hours a day, 7 days a week, at 1-800-249-3778, or the website at www.wvdhhr.org/bcseapp/.

This authorization applies to all support cases for which you receive services of the BCSE.

All support will be direct deposited into ONE account only.

IMPORTANT: You must attach a voided check or savings withdrawal/deposit form to this form for verification of account information.

PLEASE KEEP A COPY FOR YOUR RECORDS.

Authorization Agreement For Direct Deposit for
Support Payments

Name _____

SSN: _____

Phone #: _____

Work #: _____

Name of Bank: _____

Address: _____

Type of Account: Checking ☐ Savings ☐

Bank Routing #:

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(Usually in far left bottom corner of your check. Call your bank if you have questions.)

Checking/Savings Account #: _____

(On the bottom of check between the routing number and the check number. Call your bank if questions.)

I hereby authorize the Bureau for Child Support Enforcement to make deposits to the account(s) listed above. If funds are mistakenly deposited into the account listed above, I authorize BCSE to debit the amount from my account or from future payments. This authorization shall remain in full force and effect until BCSE has received written notification from me to cancel the authorization. I understand that it is my responsibility to submit a Notification of Change form to BCSE if my banking information changes in any way.

Signature: _____

Date: _____

☐ Check here if this is a **CHANGE** and verify old account number.